

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 3 — 0 5

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

02/01/03

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.120

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ - 684,049

b. FFY 2004 \$ -1,026,074

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 5a-1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Same Page, Revised 7-26-99, TN# 99-16

10. SUBJECT OF AMENDMENT:

Adding language for prior authorization for some drugs as recommended by Drug Utilization Board (DUR)

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mike Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

March 17, 2003

16. RETURN TO:

Oklahoma Health Care Authority

attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

21 MARCH 2003

18. DATE APPROVED:

27 MAR 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

1 FEBRUARY 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

ANDREW A. FREDRICKSON

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIV OF MEDICAID & CHILDREN'S HEALTH

23. REMARKS:

c: Mike Fogarty
Jim Hancock
Billie Wright

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND
SERVICES PROVIDED**

CATEGORICALLY NEEDY

- 12.a. Prescribed drugs, dentures, and prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

Prescription Drugs

Payment will be made from Title XIX funds to pharmacists with whom the Agency has a contract on behalf of categorically needy recipients up to a maximum of three prescriptions (new or refill) per month per eligible recipient. Exceptions: Prescription drugs under EPSDT, birth control drugs, antineoplastics, chemotherapeutic agents for the treatment of opportunistic infections for persons diagnosed with acquired immune deficiency syndrome (AIDS), certain prescriptions which require frequent laboratory monitoring, and hemophilia drugs are not limited to the three (3) prescriptions per month. Prescription quantities are limited to a 34 day supply or 100 dosage units, whichever is greater. Some prescription drugs may require prior authorization as determined by the Drug Utilization Review Board (DUR). Only legend drugs whose manufacturers have a rebate agreement with HCFA are covered.

Tiered Formulary

The DUR Board will determine medical necessity for drugs covered under the Oklahoma drug formulary and establish criteria for any prior authorization process. A preferred product, tiered formulary, is utilized for certain categories of drugs. Drugs included in tier one are available without additional documentation. A prior authorization process is available for drugs not included in tier one.

The following legend drugs are excluded from coverage:

Anorexia or Weight Gain Medications: Medications used for anorexia or weight gain will not be a covered drug benefit. Exceptions: Methylphenidate and Dextroamphetamine shall be covered drug benefits for Medicaid covered children when prescribed for hyperactivity and narcolepsy. A prior authorization is required for adults. Methamphetamine and Methamphetamine/Dextroamphetamine require prior authorization for both children and adults.

Fertility Medications: Medications used to promote fertility will not be a covered drug benefit.

Cosmetic or Hair Growth Medications: Medications used to promote hair growth for cosmetic purposes will not be a covered drug benefit

Revised 02-01-03

TN# OK 03-05 Approval Date 5-27-03 Effective Date 2-1-03
Supersedes
TN# OK 99-16

SUPERSEDES TN# 99-16

STATE	<u>oklahoma</u>
DATE REC'D	<u>3-21-03</u>
DATE AP'D	<u>5-27-03</u>
DATE EFF	<u>2-1-03</u>

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